## Agency Name, Street Address, City, State & Zip and Phone Number INFORMED CONSENT RELEASE OF PREDATORY OFFENDER REGISTRATION and CRIMINAL HISTORY DATA

## PLEASE PRINT <u>LEGIBLY</u> – USE <u>COMPLETE</u> NAME, INCLUDING <u>MIDDLE NAME</u>

		Middle Name:
Maiden or Former Name (s):		
Date of Birth:	Sex (M or F):	
Social Security Number (optional	al):	Issuing State:
Driver's License Number:		Issuing State:
Current Address:		<del></del>
City, State, Zip Code:		<del></del>
release to <i><name agency="" of=""></name></i> <b>Criminal History</b> pursuant to <i>employment, etc.</i> ) with this age  I hereby release the Minnesota all actions and causes of action	any information containe Minnesota State Statue 2 ency.  Bureau of Criminal App , of any kind and nature v	e Minnesota Bureau of Criminal Apprehension to ed about me in the <b>Minnesota Computerized</b> 299F.035 for the purpose of ( <i>volunteering</i> , orehension and the <i><name agency="" of=""></name></i> from any and whatsoever, past, present and future, arising out of the
release of information obtained.  This authorization shall be valid		(12) months from the date of signature.
Signature:	Γ	Date:
release to <i><name agency="" of=""></name></i> <b>Registry</b> , including, but not lin	any information containe mited to, information rela	e Minnesota Bureau of Criminal Apprehension to ed about me in the <b>Minnesota Predatory Offender</b> ated to offenses which may have occurred when I was 5 for the purpose of ( <i>volunteering</i> , <i>employment</i> , <i>etc.</i> )
<del>_</del>	, of any kind and nature v	orehension and the <i><name agency="" of=""></name></i> from any and whatsoever, past, present and future, arising out of the
This authorization shall be val	id for a period of twelve	(12) months from the date of signature.
Signature:	Γ	Date:
Induted on A/DV/DD14		
Jpdated on 4/28/2014		